



City Clerk's Office  
300 W. Ash, Rm. 206  
P.O. Box 736  
Salina, KS 67402-0736  
(785) 309-5735

Year \_\_\_\_\_  
Badge # \_\_\_\_\_  
Date Issued \_\_\_\_\_

## APPLICATION FOR MERCHANT SECURITY GUARD LICENSE

### New Application

**NOTE: APPLICANT MUST PROVIDE A COPY OF A VALID DRIVER'S LICENSE WHEN SUBMITTING APPLICATION**

Name \_\_\_\_\_ DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Ks. D.L. Number \_\_\_\_\_ Expires \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN \_\_\_\_\_

M \_\_\_\_ F \_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Name of Employer \_\_\_\_\_

Have you **EVER** been convicted of **ANY** felony, misdemeanor or ordinance violation? **Yes** **No**

If yes, state the date and place of occurrence, nature of the offense, and penalty imposed: ☐ ☐

DATE	WHERE	OFFENSE	PENALTY IMPOSED

Have you **EVER** had a judgement or conviction for fraud, deceit or misrepresentation entered against you? **Yes** ☐ **No** ☐

If yes, state the date and place of occurrence, nature of the offense, and penalty imposed:

DATE	WHERE	OFFENSE	PENALTY IMPOSED

Where have you lived in the past five years?

YEAR	ADDRESS	CITY/STATE

**I AGREE TO COMPLY WITH ALL REQUIREMENTS OF THE SALINA CODE AND REGULATIONS RELATING TO THE OPERATION OF SUCH BUSINESS. I AGREE MY CONDITIONAL PERMIT AND/OR LICENSE MAY BE REVOKED OR SUSPENDED IF I AM FOUND TO HAVE VIOLATED SUCH REQUIREMENTS OR REGULATIONS OR IF I HAVE MISREPRESENTED ANY FACTS IN THIS APPLICATION.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

### Company verification

I hereby verify that the above named person is applying for a merchant police permit for employment with the company listed above and that I have reviewed the applicants completed application form. It is consistent with information provided to us in our application process, and we support this application based on the information provided.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company representative

\_\_\_\_\_  
Company Name

Fee paid \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Date \_\_\_\_\_ Received by \_\_\_\_\_

**COPY OF APPLICANT’S DRIVER’S LICENSE NEEDS TO BE ATTACHED**

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**Certificate of City Clerk**

The application is APPROVED/DISAPPROVED

\_\_\_\_\_

Date City Clerk

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**Certificate of City Manager**

If approved after appeal, City Manager signature required: \_\_\_\_\_

City Manager

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01-01-2015 MERC